

# For people who are or have been self-employed, a subcontractor or a company director



Part of the Department for Work and Pensions

**Please answer all the questions that apply to you or your partner, if you have one. If you do not, any payment could be delayed.**

**Do you have a partner who is living with you?**

We use *partner* to mean

- a person you are married to or a person you live with as if you are married to them, or
- a civil partner or a person you live with as if you are civil partners.

No

Yes  You and your partner, if you have one, must fill in **all** parts of the form that apply to you.

**Surname**

**Your partner**

**Other names**

**Date of birth**

**National Insurance (NI) number**

This will help us deal with your claim quickly. You can find the NI number on your NI number card, letters from social security and payslips.

Letters	Numbers			Letter
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Letters	Numbers			Letter
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Address**

Please tell us your address. And tell us your partner's address, if different.

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
Postcode

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
Postcode

**Daytime phone number**

Code	Number
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Code	Number
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	<b>You</b>	<b>Your partner</b>
<b>Are you or your partner self-employed?</b>	No <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
On what date did you or your partner become self-employed?	<input type="text" value=" / /"/>	<input type="text" value=" / /"/>
<b>Are you or your partner a share fisherman?</b>	No <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
Do you or your partner own a boat?	No <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
What is your or your partner's percentage share of the catch?	<input type="text" value=" %"/>	<input type="text" value=" %"/>
	<input type="text" value="Please send us details of your income and expenses for the last 13 weeks."/>	<input type="text" value="Please send us details of their income and expenses for the last 13 weeks."/>
<b>Do you or your partner run a farm or croft?</b>	No <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
Have you or your partner been in touch with the Agricultural Development Advisory Service about subsidies?	No <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
	<input type="text" value="Please send us any details about this."/>	<input type="text" value="Please send us any details about this."/>
<b>What trade or business are you or your partner involved in?</b> For example, a shop or restaurant.	<input type="text"/>	<input type="text"/>
Name and address of the business	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Postcode	Postcode
When did the business start?	<input type="text" value=" / /"/>	<input type="text" value=" / /"/>

**You**

**Your partner**

Have you or your partner stopped trading?

No

No

Yes

Yes

Date trading stopped

/  /

/  /

If you or your partner have stopped trading please say why. For example, are you temporarily without work or sick?

If you or your partner have stopped work because of illness please say when you hope to return to work.

/  /

/  /

Are you or your partner the director of a company?

No

No

Yes

Yes

Is anyone running the business in your absence?

No

No

Yes

Yes

Has any money been received into the business since you or your partner last worked?

No

No

Yes

Yes

How much has been received?

When was it received?

/  /

/  /

Please list any business expenses paid out to earn the amount received

	<b>You</b>	<b>Your partner</b>
<b>Is the business regarded as a going concern by yourself, your bankers, accountant and creditors?</b>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
<b>Do you or your partner have reasonable prospects of more work in the business in the near future?</b>	No <input type="checkbox"/> Please say why below. Yes <input type="checkbox"/>	No <input type="checkbox"/> Please say why below. Yes <input type="checkbox"/>
When do you hope to start work again?	<input type="text" value=" / /"/>	<input type="text" value=" / /"/>
<b>Do you or your partner hope to resume work in the business when economic conditions improve?</b>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
When do you expect this to be?	<input type="text" value=" / /"/>	<input type="text" value=" / /"/>
<b>Are you or your partner available for work and looking for work in any other field of employment during this break in employment?</b>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
If you are not available for other work or looking for other work, please tell us why.	<input type="text"/>	<input type="text"/>
<b>Are you or your partner currently undertaking any activities in connection with self-employment?</b> For example, advertising, ordering stock, visiting potential customers.	No <input type="checkbox"/> Yes <input type="checkbox"/> Please tell us about this below.	No <input type="checkbox"/> Yes <input type="checkbox"/> Please tell us about this below.
	<input type="text"/>	<input type="text"/>

	<b>You</b>	<b>Your partner</b>
<b>Are you or your partner still regarded as self-employed by these people?</b>	<input type="checkbox"/> VAT <input type="checkbox"/> HM Revenue & Customs (National Insurance Contributions)	<input type="checkbox"/> VAT <input type="checkbox"/> HM Revenue & Customs (National Insurance Contributions)

<b>If the business is in decline or has temporarily stopped, do you or your partner consider this to be the normal pattern of work?</b>	<b>No</b> <input type="checkbox"/> Please say why below.	<b>No</b> <input type="checkbox"/> Please say why below.
	<b>Yes</b> <input type="checkbox"/> Please say why below.	<b>Yes</b> <input type="checkbox"/> Please say why below.

<b>How long is the break between contracts or jobs normally?</b>	<input type="text" value=""/> days / weeks / months	<input type="text" value=""/> days / weeks / months
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<b>How many hours a week on average were you or your partner working before you claimed benefit?</b>	<input type="text" value=""/> hours a week	<input type="text" value=""/> hours a week
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<b>How many hours a week on average are you or your partner working now?</b>	<input type="text" value=""/> hours a week	<input type="text" value=""/> hours a week
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- Include any time spent
- on jobs or contracts
  - purchasing or selling stock
  - canvassing for work
  - giving estimates
  - travelling in connection with work but not to or from work
  - advertising
  - supervising or managing
  - on research or practising
  - cleaning
  - maintaining capital assets
  - doing the accounts.

**Do you or your partner own any business assets?**

For example, property, vehicles, stock, tools, machinery etc

**You**

No

Yes  Please list the assets and their value.

£
£
£
£
£
£
£
£

**Your partner**

No

Yes  Please list the assets and their value.

£
£
£
£
£
£
£
£

**If you or your partner do not intend to start trading again, do you intend to sell the business assets?**

If **No**, tell us why you are not going to sell the assets. Business assets may affect the amount of benefit you can get.

No

Yes

No

Yes

**How long do you think you or your partner need to sell the business assets?**

\_\_\_\_\_ days / weeks / months

\_\_\_\_\_ days / weeks / months

What action have you or your partner taken to sell the business assets?

You

Your partner

Are any debts secured against the business assets?

No

Yes

No

Yes

How much are the debts?

£

£

What are the debts for?

	<b>You</b>	<b>Your partner</b>
<b>Do you or your partner have a business account with a bank?</b>	No <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
How much is in the account?	£ <input type="text"/>	£ <input type="text"/>
	<input type="text" value="Please send a statement from the bank or from an accountant."/>	<input type="text" value="Please send a statement from the bank or from an accountant."/>
<hr/>		
<b>Are you or your partner owed any money?</b>	No <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
How much money is owed?	£ <input type="text"/>	£ <input type="text"/>
What is the money owed for?	<input type="text"/>	<input type="text"/>
<hr/>		
<b>Is the business in liquidation or receivership?</b>	No <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
Name and address of the accountant or insolvency practitioner	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text" value="Postcode"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text" value="Postcode"/>
Their phone number	<input type="text" value="Code"/> <input type="text" value="Number"/>	<input type="text" value="Code"/> <input type="text" value="Number"/>
Can we ask the the accountant or insolvency practitioner for information, if we need to?	No <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>

	<b>You</b>	<b>Your partner</b>
<b>Is there a profit and loss account for a 12 month period ending within the last year?</b>	No <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
	<input type="text" value="Please send it to us."/>	<input type="text" value="Please send it to us."/>

<b>Is there a trading account for a 12 month period ending within the last year?</b>	No <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
	<input type="text" value="Please send it to us."/>	<input type="text" value="Please send it to us."/>

<b>Are there any balance sheets for the last year?</b>	No <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
	<input type="text" value="Please send them to us."/>	<input type="text" value="Please send them to us."/>

<b>Do you or your partner have an accountant?</b>	No <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>

Name and address of the accountant	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text" value="Postcode"/>	<input type="text" value="Postcode"/>

Their phone number	<input type="text" value="Code"/> <input type="text" value="Number"/>	<input type="text" value="Code"/> <input type="text" value="Number"/>
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Can we ask the the accountant for information, if we need to?	No <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>

**If you do not have prepared accounts we may need to contact you again**

**Please use this space to tell us anything else you think we might need to know.**

Continue on a separate sheet of paper, if necessary. But make sure you sign and date it and write your full name, address and National Insurance (NI) number on it.

A large, empty rectangular box with a thin black border, occupying the right two-thirds of the page. It is intended for the user to provide additional information as requested in the text to the left.

## Joint claims for Jobseeker's Allowance

If you have made a joint claim for Jobseeker's Allowance either or both of you can sign the declaration. Both of you are responsible for the information on this form.

### I understand that

- if I knowingly give information that is incorrect or incomplete, I may be liable to prosecution or other action
- the information I have provided will be used to process my claim. Some of the information may be checked with other sources
- the information may be used for other purposes relating to the work of the Department for Work and Pensions. Some information may be given to other government bodies as permitted by law.

**I declare** that the information I have given on this form is correct and complete as far as I know and believe.

**You**

**Your partner**

**Signature**

**Date**

**Signature**

**Date**

## What to do now

- Please make sure you send us everything we have asked for with this form. If you cannot send something we have asked for, tell us why in **Other information** on **page 10**. But do not delay sending us this form.
- Send this form back to us as soon as you can. We may have to interview you if we need more information.
- Make sure you have signed and dated this form.